

**U.S. Department of Labor
Office of Federal Contract Compliance Programs
Equal Opportunity Survey
of Federal Contractor Establishments**



OMB No. 1215-0196
EXPIRES: 03/31/2003

INTRODUCTION:

The U.S. Department of Labor, Office of Federal Contract Compliance Programs (OFCCP) is conducting this Equal Opportunity Survey (EO Survey) to obtain employment information from federal contractor establishments. We suggest that your EEO/Human Resource Director or Affirmative Action Officer be responsible for completing and/or coordinating the completion of this EO Survey.

WHO MUST COMPLETE THE EO SURVEY

You must complete and return this Survey if **both** of the following statements are true:

.....Your company or corporation is
a Federal contractor or subcontractor;
.....Your company or corporation has 50 or more employees;

....**and** any one of the following statements is true

.....Your company or corporation has a Federal
contract or subcontract of \$50,000 or more.
.....Your company or corporation is a financial institution
that is an issuing agent for U.S. Savings Bonds and Notes.
.....Your company or corporation serves as a
depository of Government funds in any amount.
.....Your company or corporation has Government bills of lading which
in any 12-month period total or will likely total \$50,000 or more.
.....Your company or corporation has an open-ended or indefinite quantity
Federal contract or subcontract (such as a procurement order
or standing invoice) that will total \$50,000 or more.

Note: Your facility may or may not be the same location where your company or corporation is performing work under the federal contract or subcontract, but your facility is still considered a federal contractor establishment. For example, Company X has a federal contract or subcontract and has two facilities, A and B. Facility A is performing work under the federal contract or subcontract, Facility B is not.

Both Facility A and B of Company X are federal contractor establishments.

Note: Your facility is considered a federal contractor establishment if it is a subcontractor to a federal contractor and is performing work related to that contract. For example, Company X is performing work under a federal contract. Company Y and Company Z are subcontractors of Company X. Company Y is performing work related to Company X's federal contract. Company Z is not performing work related to Company X's federal contract or any other federal contract or subcontract.

Company X and Company Y are federal contractor establishments;

Company Z is not a federal contractor establishment.

If your establishment should not complete this EO Survey, please (1) check here ☐, (2) explain in the space provided below why your establishment should not complete this EO Survey, and (3) sign and date the certification on the next page and return the EO Survey in the envelope provided to the address shown at right.

INSTRUCTIONS:

This survey has three Parts – A, B, and C. Part A is self-explanatory. Please read all instructions for parts B and C before you begin. If you have any questions, or if you need assistance in completing the EO Survey, you may call our EO Survey Help Desk at (781) 372-7400.

HOW TO SUBMIT THE EO SURVEY:

A pre-addressed business reply envelope is included for your convenience. Please return the entire completed and signed survey, including these instructions, **within 30 days of the date of receipt** to:

**EO Survey Office
Office of Federal Contract Compliance Programs
U.S. Department of Labor
P.O. Box 9
Lexington, MA 02420-9929**

**DID YOU KNOW YOU CAN SUBMIT
THE EO SURVEY ELECTRONICALLY ON THE WEB?**

Access our electronic survey and instructions for electronic submission at
<http://www.EOSURVEY.dol.gov>



IF YOU NEED ANOTHER BLANK COPY OF THE EO SURVEY:

Contact the EO Survey Help Desk at (781) 372-7400.

RETAIN A COMPLETED COPY OF THE EO SURVEY

You should retain a copy of your completed EO Survey. This will facilitate any discussions we may have with you should we need to call and clarify your responses.

CONFIDENTIALITY:

OFCCP will treat the information you submit on this EO Survey as sensitive and confidential to the maximum extent possible under the Freedom of Information Act (FOIA), with the same disclosure safeguards that are applied to Affirmative Action Program data of a sensitive or confidential nature.

SPECIAL TERMS YOU NEED TO KNOW TO COMPLETE THE SURVEY:

Certifying Officer – An employee of your company or corporation working at this establishment that has the authority to certify the accuracy of EEO-1 Reports, Affirmative Action Programs, etc. (example: Human Resources Manager, Plant Manager, EEO Officer). The Certifying Officer should sign this EO Survey on the line indicated at right.

Federal contracting agency - Any department or agency in the executive branch of Government, including any wholly owned Government corporation, which enters into contracts.

Employer Identification Number - The 9-digit number which each corporation, partnership, or sole proprietorship has been assigned based on its application (Form SS-4) to Internal Revenue Service for an identification number.

Applicant – The concept of an applicant is that of a person who has indicated an interest in being considered for hiring, promotion, or other employment opportunity. This interest might be expressed by completing an application form, or might be expressed orally, depending upon the employer's practice.

Employees - For the purposes of this EO Survey, the term "employees" applies only to your "full time" employees, as the term "full time" is defined by your company. Do not report personnel activity or compensation data on "part time" employees, as the term "part time" is defined by your company.

Promotion - Any personnel action resulting in movement to a position (1) with higher pay or greater rank, or (2) requiring greater skill or responsibility, or (3) with the opportunity to attain increased pay, rank, skill, or responsibility.

Termination - Any separation, voluntary or involuntary, of an employee from your active or inactive payroll. A termination is a complete break in employment status.

Monetary Compensation – An employee's base rate (wage or salary), plus other earnings such as cost-of-living allowance, hazard pay, or other increment paid to all employees regardless of tenure on the job.

Tenure – Length of service; the length of time an employee has been employed by your company or corporation.

CERTIFICATION OF EO SURVEY

The following report is accurate and complete and was prepared in accordance with the instructions. Willfully false statements on this report are punishable by law. U.S. Code, Title 18, Section 1001.

**Name of
Certifying Officer (please print):** _____

Title: _____

**Signature of
Certifying Officer:** _____

Date: _____

**Telephone #
(please include area code):** _____

**Name of Person completing
this EO Survey (please print):** _____

Title: _____

**Telephone #
(please include area code):** _____



PART A – GENERAL INFORMATION

1. Your establishment's Employer Identification Number (IRS 9-digit tax number):
2. Information regarding a current Federal contract or subcontract for your corporation of at least \$50,000 (*You may report any current Federal contract or subcontract of at least \$50,000*).

If You are a Federal Contractor:

a. Name of Federal contracting agency: _____

b. Contract number:

If You are a Federal Subcontractor:

c. Name of Prime contractor: _____

d. Contract number:

3. Expiration date of your establishment's current Affirmative Action Program(s) addressing:

a. Race, color, religion, sex, national origin
(please enter date in MM/DD/YY format): ____/____/____

If you do not know the expiration date, check this box ☐

If your establishment does not have this document,
check this box ☐

b. Individuals with disabilities
(please enter date in MM/DD/YY format): ____/____/____

If you do not know the expiration date, check this box ☐

If your establishment does not have this document,
check this box ☐

- c. Vietnam Era, special disabled, and other protected veterans
(please enter date in MM/DD/YY format): ____/____/____

If you do not know the expiration date, check this box ☐

If your establishment does not have this document,
check this box ☐

4. Did your establishment list any employment openings with the local office of your state employment service and/or America's Job Bank during the period January 1 through December 31 of the most recently concluded calendar year, or during the 12-month period covered by your most recently concluded Affirmative Action Program (AAP) year, if it does not coincide with the calendar year?

No employment openings were listed-----☐

No employment openings were listed,
but all employment openings were either
positions filled from within, executive
and top management positions, or positions
for 3 days employment or less -----☐

Yes, employment openings were listed-----☐

If yes, how many employment openings were listed?----[____]

5. If your address or other identifying information on the mailing label was incorrect, please provide the corrected information below:

Establishment: _____
Street Address or P.O. Box: _____

City, State, Zip Code: _____
EEO-1 Number for this establishment: _____

Note: For complete guidance, refer to Executive Order 11246, as amended and its implementing regulations at 41 CFR Parts 60-1 through 60-50; Section 503 of the Rehabilitation Act of 1973, as amended and its implementing regulations at 41 CFR Part 60-741; and 38 U.S.C. 4212, the Vietnam Era Veterans' Readjustment Assistance Act of 1974 (VEVRAA), as amended and its implementing regulations at 41 CFR Part 60-250.

INSTRUCTIONS FOR PART B:

Part B information should only include personnel activity for “full time” employees, however the term “full time” is defined by your company.

Time Frame - Part B information should report on personnel activity covering your choice of one of the following two time frames:

- (1) The period January 1 through December 31 of the most recently concluded calendar year, or
- (2) The 12-month period covered by your most recently concluded Affirmative Action Program (AAP) year, if it does not coincide with the calendar year.

Regardless of which of the above time frames you wish to use, all Part B information must cover the same time frame.

Indicate your choice of time frames by checking the appropriate box at the top of page 5 of this EO Survey, either:

- The following personnel activity covers the most recently concluded calendar year, or
- The following personnel activity covers the most recently concluded Affirmative Action Program year, which is not January 1 through December 31

Based on your choice of time frames, please report “Employees” as of December 31 of the most recently concluded calendar year, or the last day of the most recently concluded AAP year. Report Applicants, Hires, Promotions, and Terminations for January 1 through December 31 of the most recently concluded calendar year, or for the 12-month period covered by your most recently concluded AAP year.

For each personnel activity identified, fill in the total number for the action indicated, by gender, race, and ethnicity, sorted by each of your establishment’s applicable EEO-1 categories. The EEO-1 categories are: **(1) Officials & Managers; (2) Professionals; (3) Technicians; (4) Sales Workers; (5) Office & Clerical; (6) Craft Workers; (7) Operatives; (8) Laborers; (9) Service Workers.** If an EEO-1 category does not apply to your establishment, please leave that table blank, do not enter zeroes.

Applicants - Please indicate the number of applicants for “full time” positions by gender, race, and ethnicity, sorted by each of your establishment’s applicable EEO-1 categories, for January 1 through December 31 of the most recently concluded calendar year, or for the 12-month period covered by your most recently concluded AAP year.

Hires - Please indicate the number of hires for “full time” positions by gender, race, and ethnicity, sorted by each of your establishment’s applicable EEO-1 categories for January 1 through December 31 of the most recently concluded calendar year, or for the 12-month period covered by your most recently concluded AAP year. Do not include non-competitive transfers from other facilities of your company or establishment.

Promotions - Please indicate the number of promotions of “full time” employees by gender, race, and ethnicity, sorted by each of your establishment’s applicable EEO-1 categories for January 1 through December 31 of the most recently concluded calendar year, or for the 12-month period covered by your most recently concluded AAP year. Include promotions within that category AND the number of promotions from that category into another category. For example, a person who is promoted from a junior engineer to a senior engineer would be counted as a promotion in the “Professional” EEO-1 category. A person promoted from a senior engineer to a manager also would be counted as a promotion in the “Professional” EEO-1 category.

Terminations - Please indicate the number of terminations of “full time” employees by gender, race, and ethnicity, sorted by each of your establishment’s applicable EEO-1 categories for the period January 1 through December 31 of the most recently concluded year. Include voluntary and involuntary terminations.

Employees at end of Calendar/AAP Year - Please indicate the number of incumbent “full time” employees by gender, race, and ethnicity, sorted by each of your establishment’s applicable EEO-1 categories, as of December 31 of the most recently concluded calendar year, or the last day of the most recently concluded AAP year.

RACE/ETHNIC IDENTIFICATION for Part B -You may acquire race/ethnic information necessary for this survey either by visual observation of the work force, or from employment records. If you maintain records, we recommend that you keep them separately from the employee’s basic personnel file or other records available to those responsible for personnel decisions. Since OFCCP permits visual observations, the fact that race/ethnic identifications are not present on employment records is not an excuse for omitting the data we request.

Note: The following reflects OMB guidelines regarding the recording and reporting of Hispanic or Latino ethnicity separately from the recording and reporting of racial data, and the establishment of “Native Hawaiian or Other Pacific Islander” as a separate racial category. If you have not yet adjusted your record keeping systems to reflect these changes, see the box at the bottom of this page.

Complete Part B using the following categories. Although persons may identify with more than one racial category, for this EO Survey count each person only once:

Race missing or unknown - Applies to **Applicants only**, where a resume or application that is screened is received without any racial or ethnic identification and no further contact is made with the applicant.

American Indian or Alaskan Native – A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Black or African American – A person having origins in any of the Black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black or African American.”

White – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Hispanic or Latino (All races) – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

Hispanic or Latino (White race only) – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of the White race.

Hispanic or Latino (all other races) – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of any race other than White.

THE FOLLOWING INSTRUCTIONS APPLY ONLY TO EO SURVEYS COMPLETED AND SUBMITTED BEFORE JANUARY 1, 2002:

NOTE: If you have not yet adjusted your record keeping systems to capture and record racial/ethnic identification information in a manner that distinguishes Hispanics or Latinos as an ethnicity and identifies Hispanics and Latinos by the 5 racial categories defined above:

- Check this box ☐
- Record all actions pertaining to Hispanics or Latinos in the “**Hispanic or Latino (all races)**” columns on pages 5, 6, and 7 of this EO Survey.
- Leave the “**Hispanic or Latino (White)**” and “**Hispanic and Latino (all other races)**” columns blank on pages 5, 6 and 7 of this EO Survey.

NOTE: If you have not yet adjusted your record keeping systems to capture and record racial/ethnic identification information in a manner that distinguishes “Native Hawaiians and Other Pacific Islanders” from “Asians” as they are defined above:

- Check this box ☐
- Record all actions pertaining to Asians, Hawaiians, and Other Pacific Islanders in the “**Asian**” columns on pages 5, 6, and 7 of this EO Survey.
- Leave the “**Native Hawaiian or Other Pacific Islander**” columns blank on pages 5, 6, and 7 of this EO Survey.

PART B - PERSONNEL ACTIVITY

Time Frame: (check one):

☐ - The following personnel activity covers the most recently concluded calendar year

☐ - The following personnel activity covers the most recently concluded Affirmative Action Program year, which is not January 1 through December 31

OFFICIALS AND MANAGERS	Applicants		Hires		Promotions		Terminations		Full Time Employees At end of Calendar/AAP Year	
	MALES	FEMALES	MALES	FEMALES	MALES	FEMALES	MALES	FEMALES	MALES	FEMALES
Race missing or unknown										
American Indian or Alaska Native										
Asian										
Native Hawaiian or Other Pacific Islander										
Black or African American										
White										
Hispanic or Latino (All Races)										
Hispanic or Latino (White race only)										
Hispanic or Latino (all other races)										

PROFESSIONALS	Applicants		Hires		Promotions		Terminations		Full Time Employees At end of Calendar/AAP Year	
	MALES	FEMALES	MALES	FEMALES	MALES	FEMALES	MALES	FEMALES	MALES	FEMALES
Race missing or unknown										
American Indian or Alaska Native										
Asian										
Native Hawaiian or Other Pacific Islander										
Black or African American										
White										
Hispanic or Latino (All Races)										
Hispanic or Latino (White race only)										
Hispanic or Latino (all other races)										

TECHNICIANS	Applicants		Hires		Promotions		Terminations		Full Time Employees At end of Calendar/AAP Year	
	MALES	FEMALES	MALES	FEMALES	MALES	FEMALES	MALES	FEMALES	MALES	FEMALES
Race missing or unknown										
American Indian or Alaska Native										
Asian										
Native Hawaiian or Other Pacific Islander										
Black or African American										
White										
Hispanic or Latino (All Races)										
Hispanic or Latino (White race only)										
Hispanic or Latino (all other races)										

PART B - PERSONNEL ACTIVITY
For Time Frame as Specified on Page 5 in Part B of this EO Survey

SALES WORKERS	Applicants		Hires		Promotions		Terminations		Full Time Employees At end of Calendar/AAP Year	
	MALES	FEMALES	MALES	FEMALES	MALES	FEMALES	MALES	FEMALES	MALES	FEMALES
Race missing or unknown										
American Indian or Alaska Native										
Asian										
Native Hawaiian or Other Pacific Islander										
Black or African American										
White										
Hispanic or Latino (All Races)										
Hispanic or Latino (White race only)										
Hispanic or Latino (all other races)										

OFFICE AND CLERICAL	Applicants		Hires		Promotions		Terminations		Full Time Employees At end of Calendar/AAP Year	
	MALES	FEMALES	MALES	FEMALES	MALES	FEMALES	MALES	FEMALES	MALES	FEMALES
Race missing or unknown										
American Indian or Alaska Native										
Asian										
Native Hawaiian or Other Pacific Islander										
Black or African American										
White										
Hispanic or Latino (All Races)										
Hispanic or Latino (White race only)										
Hispanic or Latino (all other races)										

CRAFT WORKERS	Applicants		Hires		Promotions		Terminations		Full Time Employees At end of Calendar/AAP Year	
	MALES	FEMALES	MALES	FEMALES	MALES	FEMALES	MALES	FEMALES	MALES	FEMALES
Race missing or unknown										
American Indian or Alaska Native										
Asian										
Native Hawaiian or Other Pacific Islander										
Black or African American										
White										
Hispanic or Latino (All Races)										
Hispanic or Latino (White race only)										
Hispanic or Latino (all other races)										

PART B - PERSONNEL ACTIVITY
For Time Frame as Specified on Page 5 in Part B of this EO Survey

OPERATIVES	Applicants		Hires		Promotions		Terminations		Full Time Employees At end of Calendar/AAP Year	
	MALES	FEMALES	MALES	FEMALES	MALES	FEMALES	MALES	FEMALES	MALES	FEMALES
Race missing or unknown										
American Indian or Alaska Native										
Asian										
Native Hawaiian or Other Pacific Islander										
Black or African American										
White										
Hispanic or Latino (All Races)										
Hispanic or Latino (White race only)										
Hispanic or Latino (all other races)										

LABORERS	Applicants		Hires		Promotions		Terminations		Full Time Employees At end of Calendar/AAP Year	
	MALES	FEMALES	MALES	FEMALES	MALES	FEMALES	MALES	FEMALES	MALES	FEMALES
Race missing or unknown										
American Indian or Alaska Native										
Asian										
Native Hawaiian or Other Pacific Islander										
Black or African American										
White										
Hispanic or Latino (All Races)										
Hispanic or Latino (White race only)										
Hispanic or Latino (all other races)										

SERVICE WORKERS	Applicants		Hires		Promotions		Terminations		Full Time Employees At end of Calendar/AAP Year	
	MALES	FEMALES	MALES	FEMALES	MALES	FEMALES	MALES	FEMALES	MALES	FEMALES
Race missing or unknown										
American Indian or Alaska Native										
Asian										
Native Hawaiian or Other Pacific Islander										
Black or African American										
White										
Hispanic or Latino (All Races)										
Hispanic or Latino (White race only)										
Hispanic or Latino (all other races)										

INSTRUCTIONS FOR PART C:

Part C information should only include monetary compensation and tenure data for "full time" employees, however "full time" is defined by your company.

Report monetary compensation and tenure data only for those employees listed in the "Full Time Employees at end of Calendar/AAP Year" column on pages 5,6,and 7 in Part B of this EO Survey. For example, if the time frame you chose to report personnel activity data in Part B was the most recently concluded calendar year, do not include monetary compensation or tenure data for those employees terminated before the end of that year or hired after the end of that year.

Employees are to be grouped and reported by EEO-1 category in four groups: **minority female, non-minority female, minority male, and non-minority male employees.** For the purposes of this EO Survey, a "non-minority" is defined as someone of the White race who is not of Hispanic or Latino ethnicity. A "minority" is defined as all races other than White or someone of the White race who is of Hispanic or Latino ethnicity.

For the purposes of this EO Survey, monetary compensation is defined as an employee's base rate (wage or salary), plus other earnings such as cost-of-living allowance, hazard pay, or other increment paid to all employees regardless of tenure on the job. Monetary compensation should not include the value of benefits, overtime, or one-time payments such as relocation expenses.

Report total annual monetary compensation information for the most recently concluded calendar year. All monetary compensation figures should reflect a full year. For those employees who have worked less than a full year as of December 31 of the most recently concluded year use the annual base rate for the wage or salary.

Enter monetary compensation values in thousands, rounded to the nearest thousand. Examples: \$1,205,400 is entered as 1,205. \$50,800 is entered as 51. \$175,500 is entered as 176.

If an EEO-1 category does not apply to your establishment, please leave that column blank, do not enter zeroes.

For each relevant EEO-1 category listed, please indicate:

Total Annual Monetary Compensation for All _____ Employees - Please indicate the total value of the monetary compensation earned by "full time" minority females, non-minority females, minority males, and non-minority males within each EEO-1 category for the period January 1 through December 31 of the most recently concluded year. **Include only those employees listed in the "Full Time Employees at end of Calendar/AAP Year" column in Part B of this EO Survey.**

Lowest Annual Monetary Compensation of any Single _____ Employee - From the figures used to compute the Total Monetary Compensation above, please indicate the lowest single annual compensation among "full time" minority females, non-minority females, minority males, and non-minority males within each EEO-1 category for the period January 1 through December 31 of the most recently concluded year. **Include only those employees listed in the "Full Time Employees at end of Calendar/AAP Year" column in Part B of this EO Survey.**

Highest Annual Monetary Compensation of any Single _____ Employee - From the figures used to compute the Total Monetary Compensation above, please indicate the highest single annual compensation among "full time" incumbent minority females, non-minority females, minority males, and non-minority males within each EEO-1 category for the period January 1 through December 31 of the most recently concluded year. **Include only those employees listed in the "Full Time Employees at end of Calendar/AAP Year" column in Part B of this EO Survey.**

Average Tenure of _____ Employees with Firm - Please indicate the average length of time, in years and months, that "full time" incumbent **minority females, non-minority females, minority males, and non-minority males** within each EEO-1 category have been with your company as of December 31 of the most recently concluded year. **Include only those employees listed in the "Full Time Employees at end of calendar/AAP Year" column in Part B of this EO Survey.**

PART C -- COMPENSATION DATA

Annual Monetary Compensation and Tenure Data for Employees listed in "Full Time Employees at end of Calendar/AAP Year" Column in Part B of this EO Survey

Enter compensation data in thousands of dollars, rounded to the nearest thousand:

MINORITY FEMALES	Officials & Managers	Professionals	Technicians	Sales Workers	Office & Clerical	Craft Workers	Operatives	Laborers	Service Workers
Total Annual Monetary Compensation for All Minority Female Employees (in \$000's)									
Lowest Annual Monetary Compensation of any Single Minority Female Employee (in \$000's)									
Highest Annual Monetary Compensation of any Single Minority Female Employee (in \$000's)									
Average Tenure of Minority Female Employees with Firm	_____ YRS.	_____ YRS.	_____ YRS.	_____ YRS.	_____ YRS.	_____ YRS.	_____ YRS.	_____ YRS.	_____ YRS.
	_____ MOS.	_____ MOS.	_____ MOS.	_____ MOS.	_____ MOS.	_____ MOS.	_____ MOS.	_____ MOS.	_____ MOS.
NON-MINORITY FEMALES	Officials & Managers	Professionals	Technicians	Sales Workers	Office & Clerical	Craft Workers	Operatives	Laborers	Service Workers
Total Annual Monetary Compensation for All Non-Minority Female Employees (in \$000's)									
Lowest Annual Monetary Compensation of any Single Non-Minority Female Employee (in \$000's)									
Highest Annual Monetary Compensation of any Single Non-Minority Female Employee (in \$000's)									
Average Tenure of Non-Minority Female Employees with Firm	_____ YRS.	_____ YRS.	_____ YRS.	_____ YRS.	_____ YRS.	_____ YRS.	_____ YRS.	_____ YRS.	_____ YRS.
	_____ MOS.	_____ MOS.	_____ MOS.	_____ MOS.	_____ MOS.	_____ MOS.	_____ MOS.	_____ MOS.	_____ MOS.

PART C -- COMPENSATION DATA

Annual Monetary Compensation and Tenure Data for Employees listed in "Full Time Employees at end of Calendar/AAP Year" Column in Part B of this EO Survey

Enter compensation data in thousands of dollars, rounded to the nearest thousand:

MINORITY MALES	Officials & Managers	Professionals	Technicians	Sales Workers	Office & Clerical	Craft Workers	Operatives	Laborers	Service Workers
Total Annual Monetary Compensation for All Minority Male Employees (in \$000's)									
Lowest Annual Monetary Compensation of any Single Minority Male Employee (in \$000's)									
Highest Annual Monetary Compensation of any Single Minority Male Employee (in \$000's)									
Average Tenure of Minority Male Employees with Firm	_____ YRS.	_____ YRS.	_____ YRS.	_____ YRS.	_____ YRS.	_____ YRS.	_____ YRS.	_____ YRS.	_____ YRS.
	_____ MOS.	_____ MOS.	_____ MOS.	_____ MOS.	_____ MOS.	_____ MOS.	_____ MOS.	_____ MOS.	_____ MOS.
NON-MINORITY MALES	Officials & Managers	Professionals	Technicians	Sales Workers	Office & Clerical	Craft Workers	Operatives	Laborers	Service Workers
Total Annual Monetary Compensation for All Non-Minority Male Employees (in \$000's)									
Lowest Annual Monetary Compensation of any Single Non-Minority Male Employee (in \$000's)									
Highest Annual Monetary Compensation of any Single Non-Minority Male Employee (in \$000's)									
Average Tenure of Non-Minority Male Employees with Firm	_____ YRS.	_____ YRS.	_____ YRS.	_____ YRS.	_____ YRS.	_____ YRS.	_____ YRS.	_____ YRS.	_____ YRS.
	_____ MOS.	_____ MOS.	_____ MOS.	_____ MOS.	_____ MOS.	_____ MOS.	_____ MOS.	_____ MOS.	_____ MOS.